access health CT
Connecticut's Health Insurance Marketplace

2015 Standard Gold Plan - 80%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Medical Deductible *Individual* *Family* *(copayments are not applied to deductible)*	 $1,000 $2,000	 $3,000 $6,000
Prescription Drug Deductible *Individual* *Family* *(copayments are not applied to deductible)*	 $0 $0	 $350 $700
Out-of-Pocket Maximum *Individual* *Family*	 $3,000 $6,000	 $6,000 $12,000
Physician Office Visits		
Preventive Care/Screenings/Immunizations	$0	30% coinsurance
Primary Care (injury or illness)	$20 copayment	30% coinsurance after OON medical deductible is met
Specialist	$45 copayment	30% coinsurance after OON medical deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	$75 copayment	30% coinsurance after OON medical deductible is met
Emergency Room	$150 copayment	$150 copayment
Ambulance	$0	$0
Hospital Services		
Inpatient	$500 copayment per day to a maximum of $1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Outpatient (performed at hospital or ambulatory facility)	$500 copayment after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Skilled Nursing Facility *90 day calendar year maximum*	$500 copayment per day to a maximum of $1,000 per admission after INET medical deductible is met	30% coinsurance after OON medical deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	$0	30% coinsurance after OON medical deductible is met
Outpatient Services		
Home Health Care *100 visit calendar year maximum*	$0	25% coinsurance subject to a $50 deductible
Advanced Radiology (CT/PET Scan, MRI)	$75 copayment per service up to a combined calendar year maximum of $375 for MRI and CT scans; $400 for PET scans	30% coinsurance after OON medical deductible is met

This Standard Plan Design sample is representative and is not intended to be a legal contract. Please see the actual plan documents for a full list of benefit coverage, exclusions and the terms of the policy.

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Outpatient Services		
Non-Advanced Radiology (X-ray, Diagnostic)	$45 copayment	30% coinsurance after OON medical deductible is met
Laboratory Services	$30 copayment	30% coinsurance after OON medical deductible is met
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) *combined 40 visit calendar year maximum*	$30 copayment	30% coinsurance after OON medical deductible is met
Chiropractic Care *20 visit calendar maximum*	$45 copayment	30% coinsurance after OON medical deductible is met
Other Services		
Durable Medical Equipment	30% coinsurance	30% coinsurance after OON medical deductible is met
Prosthetics	30% coinsurance	30% coinsurance after OON medical deductible is met
Diabetic Supplies & Equipment	30% coinsurance	30% coinsurance after OON medical deductible is met
Prescription Drugs		
Tier 1	$5 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 2	$25 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 3	$50 copayment	30% coinsurance after OON prescription drug deductible is met
Tier 4	$60 copayment	30% coinsurance after OON prescription drug deductible is met

Pediatric-Only Services (for children under age 19)

Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	$0	50% coinsurance after OON medical deductible is met
Basic Restorative (Filling, Simple Extraction)	20% coinsurance	50% coinsurance after OON medical deductible is met
Major Restorative (Endodontic, Crown)	40% coinsurance	50% coinsurance after OON medical deductible is met
Orthodontia Services *medically necessary only*	50% coinsurance	50% coinsurance after OON medical deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	$45 copayment	30% coinsurance
Prescription Eye Glasses *one pair of frames & lenses per calendar year*	lenses: $0; collection frames: $0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance